

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PFO-875)

SERIAL NO.

**10/521295**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1			1	
3		1			1	
4		1			1	
5		1			1	
6		1			1	
7		1			1	
8		1			1	
9		1			1	
10		1			1	
11					1	
12					1	
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49						
50						
TOTAL IND.			1			
TOTAL DEP.		14				
TOTAL CLAIMS		16				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						